

CHILD PACKAGE

These handouts can be given to parents and teachers who have child survivors of disasters. Some handouts are also useful for children.

THE RESPONSE OF CHILDREN TO LOSS AND HOW YOU CAN HELP THEM

The following material may be helpful in understanding the response of children to traumatic events and how you might assist them.

HELPING CHILDREN IN GRIEF

- Short review of children's concepts of death and how to help them.
- 2 page handout
- developed by the National Mental Health Association in its Coping With War Resource Series

LIFE LESSONS, WHY IT'S IMPORTANT TO TALK WITH YOUR CHILD ABOUT DEATH

- How to explain death.
- 4 page handout
- written by R. Smith and Shanta Swezy

CHILDREN AND LOSS

- Helps adults understand how children respond to disasters. Some of the information is not applicable to your child but it gives a good review of how children of different ages experience loss and what you can do to assist them.
- 3 page handout
- created by the National American Red Cross

CHILDREN'S RESPONSES TO TRAUMA

- Details specific reactions various age groups may display and how you might respond.
- 3 page handout
- originally written by R. Pynoos and K. Nader

HOW TO HELP THOSE YOU CARE ABOUT

- Sheet you can give your friends or family members on how they can support you.
- 1 page handout
- written by the Counseling and Readjustment Services of Columbia, South Carolina

HELPING CHILDREN IN GRIEF

“She’s too young to lose her father--how can we possibly help her?”

“I’m having a hard time understanding my own feelings. I can’t imagine what’s going through my son’s head.”

“What do you say to a child who has lost his mother to the war?”

Everyone needs help coping with the agony of losing a loved one, but children are especially vulnerable to the long-term effects of the trauma of losing a parent or sibling. Unfortunately, surviving parents and family members are often distraught with their own grief, leaving the special needs of a child temporarily forgotten.

As the Persian Gulf war progresses it becomes increasingly likely that a child close to you--in your family, neighborhood or classroom--will be confronted with the death of a parent or older sibling. This fact sheet was created to help you understand some of the ways children interpret death, how to help children through the grieving process and how to recognize vulnerable children and a possible need for professional help.

CHILDREN’S CONCEPTS OF DEATH

A child’s concept of death usually varies with his or her age and development:

- **3-5 years old.** Children this age tend to see death as “going to sleep” or taking a trip, not yet realizing the permanence of death. It’s important to explain death in a way that won’t reinforce these misconceptions.
- **5-9 years old.** Children now understand the reality of death, but have a difficult

time imagining it happening to someone they know.

- **9-10 years old.** Children this age generally understand the irreversible nature of death and are aware of the social implications for the survivors; they also tend to become interested in the biological aspects of death at this age.
- **Adolescents.** Older youths may revert to earlier concepts of death, but they usually become concerned with a search for the “meaning” of death like adults. Adolescents will usually reach out to peers for comfort.

HOW DO I HELP?

Because of the confusion that often surrounds the announcement of a death--relatives making arrangements, a general break-down of the “house rules,” the adult’s own grief, etc.--it’s often distant relatives, school teachers or close family friends that are in the best position to help support the child. There are several important things you can do:

- *Reiterate that the death has occurred, and is final.* This will be hard, but the child needs to hear and understand these important facts. There’s some debate about the value of explaining death to children in religious terms--it often frightens the child (“If I’m not good, God will take me too”), and some think that telling a child that the dead person is watching from heaven can be upsetting for an age group that’s often very literal minded.

- *Encourage the child to express his or her feelings.* If not verbally, then through drawing or painting. Answer questions directly and honestly; deception will be quickly perceived and can foster unnecessary fear or anger.
- *Make the child feel safe and secure.* Children who have lost a parent often feel vulnerable--make sure the child understands that he or she will be taken care of.
- *Most experts agree that children should be allowed--but not forced to participate in the funeral.* Obviously, this is a personal decision for the family to make, but mourning rituals serve children in the same way they serve adults; to say good-bye to the deceased and to underscore the finality of the death. They also help to dispel a common childhood fantasy that the deceased person will someday come back
- *Remember--children are not adults.* Telling a child to “grow up” or to “be a big boy/girl” won’t help the matter. Well-informed, observant and approachable adults can play a large role in minimizing the long-term impact of the child’s grief.

WHICH CHILDREN ARE MOST VULNERABLE--AND WHAT ARE THE SIGNS THAT PROFESSIONAL HELP MIGHT BE NEEDED?

As with adults, *all* children are susceptible to the longer-term emotional problems that can stem from a traumatic event, but some are more vulnerable than others and should be watched closely. These include:

- Children whose surviving parent is having excessive trouble coping with the death.
- Children who had a mental or emotional problem before the death.
- Children who are under five years old or who are adolescent-age when the loss occurs.
- Girls under eleven who lose a mother.
- Adolescent boys who lose a father.
- Children who had a pre-existing conflict with the deceased person.
- Children who lack adequate family or community support.
- Children orphaned by death.

It’s difficult to judge which behaviors are “normal” for grieving children and which are not because, by the nature of the bereavement process, intense emotions and extreme behavior are to be expected. Some *persistent* behavior, however, indicates a possible need for professional help. These include:

- persistent anxieties, hope for a reunion with the deceased, or guilt.
- desire to die; threats of suicide.
- continued over-activity with aggression and destructive outbursts.
- exaggerated clinging to surviving parent.
- complete absence of grief.
- a strong resistance to forming new attachments.

- complete absorption in daydreaming.

QUICK REFERENCE

National Mental Health Association
Information Center (Open weekdays 8:00
a.m.-8:00 p.m. EST)

(800) 969-NMHA

LIFE LESSONS

Why It's Important To Talk With Your Child About Death

I was six years old. It was the end of the day and we were lining up to leave school, when my teacher made a sudden announcement:

Would everyone please bring in a quarter to help buy flowers for the family of one of our classmates whose father had passed away? The teacher told us hurriedly that Susan's dad had been celebrating his birthday when he fell down and died. There as no time for questions, only reminders that the subject wasn't "nice" to talk about and that we shouldn't say anything to Susan when she returned to school.

I never discussed the death with any of my classmates, the teacher, or Susan. With her short announcement, my teacher undoubtedly wanted to protect us from an unpleasant subject. But who was protected?

Certainly not Susan, who returned to school several days later and faced a cheerful teacher and classroom of kids pretending nothing had happened. Nor the rest of us, who felt that Susan was changed in some way, though we didn't know exactly how. The end result of our teacher's reticence was a classroom full of confused children.

It's normal for adults to want to avoid discussing death with children. Because the subject is so laden with emotion, speaking about it can evoke feelings of fear and sadness in grown-ups, too. And, understandably, parents often want to protect their children from the harsh realities of life while they are young. But the fact is, youngsters discover very early on that things don't live forever and they have a natural, healthy curiosity about death. And, if parents don't take the opportunity to talk with them, kids quickly come up with their own, often mistaken, conclusions. Furthermore, when parents don't talk about it, they're subtly conveying the message that it's okay to deny the reality of death--a message that is unhealthy at any age.

Age-Specific Awareness

Experts agree that no child is too young for a discussion about death, though "it's important to talk about it and explain it in a way kids can understand," says Donna Schuurman, Ed.D., executive director of the Dougy Center for Grieving Children in Portland, Oregon, an organization that provides support services for kids of all ages. The best time to begin a discussion about death is when the child first notices it; for example, when he or she notices leaves falling from a tree or sees a dead animal, suggests Earl A. Grollman, D.D., a Massachusetts rabbi who has lectured and written extensively on bereavement since he wrote *Explaining Death to Children* (Beacon Press) more than 35 years ago. An explanation in this context gives a child the opportunity to begin to understand the reality of death: Here is something that once was alive, but now is not.

When a child has experienced a loss--of an acquaintance, friend, or relative--experts uniformly agree that the child will do best when allowed to acknowledge the loss and mourn. "The worst thing to do is pretend that nothing happened, that life is unchanged," says Dr Grollman. "Because for a child affected by a death, life has changed. The most important thing is to talk to the child and allow for an expression of feelings."

If you're faced with such a situation, how do you begin? The answer depends upon the age

of the child, because conversations must be geared to what he or she can understand.

Toddlers (age 18 months to three years) can grasp the idea that someone or something is gone

“How Do I Say This?”

New York funeral director Dan Schaefer, who conducts training seminars nationwide on children and bereavement for caregivers, offers suggestions on how to respond when your child asks specific questions about death. Here are three sample conversations.

Child: Daddy, are you going to die?

Parent: No, I don't expect to die until you're old and married and have children of your own.

Child: But Nicky's father died.

Parent: Nicky's father died in a car accident. We all know that accidents can happen, and that's why we tell you to always be careful. (Parents may want to answer with specific examples, such as wearing a seat belt, locking the doors of the car, riding a bike with a helmet, not riding in the middle of the street, etc.)

Child: Why did my friend Susan die? You told me people die when they get old, but she wasn't old.

Parent: Sometimes children get very, very sick, and, like old people, their bodies stop working. But that almost never happens. Most people don't die until they're very old.

Child: Will Grandma die? What's it like for her now?

Parent: Grandma was very, very, old and sick and her body stopped working. That means she doesn't do any of the things she used to do: walk, talk, feel, eat--even go to the bathroom.

Child: Will Grandma be coming back at Christmas?

Parent: No, Grandma will always be dead. We wish she were alive, but she's not. We'll miss seeing her during the holidays, but we can look at lots of pictures and remember the good times we had with her.

and they feel sad, but they won't understand the abstract concept of death.

“At this age, children need to know *specifically* what “dead” means,” says Erna Furman, a psychoanalyst and associate of the Cleveland Center for Research in Child Development and its affiliate, the Hanna Perkins School. “Give concrete explanations.”

Sometimes, we give kids detailed responses when all they really want is a short answer.

You can use plants or flowers to help you child understand what happens when something dies, suggests Furman, who conducts therapy groups for mothers and toddlers at the Hanna Perkins School. In her sessions, she sometimes demonstrates the life cycle by using a vase of flowers. “Eventually, as the flowers begin to die, they wilt and change color,” she says. She explains it to a very young child in the following way: “The flowers aren't growing anymore. There is no more life in them: now they're dead. For *people* who die, that means no growing, eating, sleeping, or walking.”

At **ages three to five**, children have developed more sophisticated verbal skills, but they still don't have a clear understanding of what “dead” means, notes Dr Schuurman. “A three-year-old, who hears “Daddy's dead,” may think “I know he's dead, but is he going to be dead all day?” she says.

Three-to-five year olds, self-centered by nature, may also conclude that they are somehow responsible for a death. “They may think they caused it by not being a better child,” says Dr Schuurman.

“Maybe they had wished the person dead or were told, “You'll be the death of me. “Reassure your child, even if he or she doesn't bring it up, that misbehavior or angry thoughts can't cause a death.

Adds Dr Schuurman: “If a child says, Grandpa died because I was mean to him, be prepared with a concrete answer such as, “No, Grandpa died because he was very old and his body stopped working.”

At this age, there may be little consistency to children's reactions to death. One day they'll be obsessed with the topic and ask blunt questions, while the next day they'll seem oblivious. In the case of the loss of someone very close, kids may regress to thumb-sucking, bed-wetting, troubled sleep, or tantrums. "When a child's security has been profoundly threatened, regression behavior is a way to express what's going on inside," Dr Schuurman explains. Signs that may indicate your child needs professional help dealing with a death include loss of appetite, fighting with other children, crying, withdrawal, and difficulty sleeping.

"If there's been a death in the family, a child may have a real fear of being abandoned by his parents," adds Dr Grollman. "Reassure your child that even though someone else died, you are well, healthy, and expect to live a long time."

By **age six**, children begin to understand the permanency and inevitability of death. At this age, they also become curious and may ask a lot of questions. But they continue to have difficulty grasping abstract ideas, including spiritual ones. So a religious explanation of death may be confusing. "When people say that a person was so good that God chose her, it's upsetting for a child," says Dr Grollman. "He or she may interpret that to mean that God punishes goodness by taking good people."

Supporting Statements

How can you best help your child cope with a loss? Experts offer these suggestions:

Answer questions simply and honestly. "Don't over-answer," advises Dr Grollman. "Sometimes we want to tell kids details when all they want is a short answer. Ask the child what he or she wants to know exactly." Never say Grandpa has gone to sleep or gone away, as kids might logically conclude that it's not safe to go to sleep, or might wonder why Grandpa left without saying good-bye.

Be ready to clear up your child's confusion.

If your child seems puzzled about the loss, Dr Grollman suggests that you ask, "What do you think *dead* means? or "What do you think happened?" "When we ask questions, he explains, "we help

children to sort out real work from the world of "Let's pretend."

Allow your child to express feelings about the loss. A mourning child often follows certain patterns of behavior, "It's not uncommon for a young child to go up to strangers in a store and announce, "My Daddy's dead," says Dr Schuurman. "Children ages five and under are usually uninhibited and are unable to make the distinction of what's socially acceptable behavior." But acknowledgement of the death is healthy. Encourage your child to cry as he or she needs to and to express anger and fear.

Be prepared to answer the same questions over and over again. No matter how many times you say Grandma is dead, your child may soon be asking when she's coming back. "Parents may need to repeat time and again that the person is dead and not coming back to life," says Dr Grollman. Your child may wonder about practical things, too, such as how Grandma felt when she died and if she'll get dirty once she's buried. (For more information about how to address a young child's questions, see box, previous page).

Share your own grief. It's natural to want to present an "Everything is all right" exterior to children. But experts agree that open expression of grief is a necessary step in a parent's own healing as well as the child's. Parents need to deal with their own grief, because they're not going to be able to help their kids if they don't, notes Dr Schuurman. "Grieving is not an illness: It's a process that must take place to help people separate with the loss," adds Dan Schafer, a New York funeral director and co-author of *How Do We Tell the Children: A parents' Guide to Helping*

Children Understand & Cope When Someone Dies
(Newmarket Press).

Parents who don't express their feelings openly may be sending the wrong message to their child. "She doesn't even seem sad," or if I died, Mommy and Daddy wouldn't care," Dr Schuurman points out.

Don't minimize the value of your love.

Bereavement specialists emphasize that what's most important during a period of stress is that parents comfort their children. "Even when parents don't know what to say, they can support their children in a non-verbal way through physical assurance," says Dr Grollman. "Extra hugs and cuddles or simply spending more time with your child helps the child know that he or she will always be loved and taken care of," adds Dr Schuurman.

By helping our children to understand death, we enlarge their understanding and appreciation of life. When we show them, from the very beginning, that death is part of the process of being alive and that accepting that process *in its entirety* is what allows us to live our lives to the fullest, we are giving our children the greatest gift of all.

**Helpful Reading
Books for Adults**

Why Did Daddy Die? Helping A Child Cope with the loss of a Parent by Linda (Pocket Books; (210) 767-5937).

Explaining Death To Children by Earl A. Grollman (Beacon Press; (800) 631-8571).

Talking About Death: A Dialogue Between Parent and Child by Earl A. Grollman (Beacon Press; (800) 631-8571).

Helping Children Cope With Separation and Loss by Claudia I. Jewett (Harvard Common Press; (617) 423-5803).

How Do We Tell the Children: A Parents' Guide to Helping Children Understand & Cope When Someone Dies by Cristine Lyons and Dan Schaefer (Newmarket Press; (800) 669-3903).

Books for Children

Nana Upstairs & Nana Downstairs by Tomie De Paola (Puffin). After the death of his beloved great-grandmother, a young boy learns that she will live on in his memory of her (Ages 4-8).

Eleanor, Arthur and Claire by Diana Engel (Macmillan). Claire helps Grandma through her grief over Grandpa's death by suggesting they make things by which to remember him. (Ages 4-8).

I Had A Friend Named Peter: Talking To Children About the Death of a Friend by Janice Cohn (William Morrow). When Betsy's friend Peter dies, her parents and teacher answer her questions about death and funerals. (Ages 5-9).

My Grandson Lew by Charlotte Zolotow (Harper & Row). Lew and his mother find that sharing memories of Grandpa lessens their loneliness for him. (Ages 5 and up).

CHILDREN AND LOSS

BIRTH TO TWO YEARS

Children in this age group have little ability to understand cause and effect relationships and little past experience to draw upon. They are just learning to trust people and their environment, and their mother or other primary care giver is the most important figure in their lives.

When children are pre-verbal and experience a trauma, they do not have the words to describe the event or their feelings. They can, however, retain memories of particular sights, sounds, and smells. Infants may react to trauma by being more irritable, crying, or wanting to be held and cuddled. As they grow older, their play may involve acting out elements of a traumatic event that occurred years earlier and was seemingly forgotten.

PRESCHOOL-TWO YEARS TO SIX YEARS

Children in this age group are particularly vulnerable to disruption of their previously secure world. Because they generally lack the verbal and conceptual skills necessary to cope effectively with sudden stress by themselves, they look to adults for comfort. They are often strongly affected by reactions of parents and other family members.

Abandonment is a major fear for this age group, and children who have lost family members, pets, or favorite toys will need special reassurance. Because of their size, they lack the ability to protect themselves and others and, as a result, feel intense fear and insecurity. Preschoolers cannot grasp the concept of permanent loss, and may feel that they can reverse the death or loss just by wishing. They have “magical thinking,” believing that because they wish something, it will happen. In the weeks following a traumatic event, a preschooler’s play activities may involve aspects of the event. He or she may re-enact the disaster over and over again.

Frequently children in this age group will experience a variety of regressive behaviors. A child does not want to act immaturely and may not even realize he or she is, but the child’s anxiety may temporarily disrupt normal, more mature behavior. The traumatized child should be allowed to be more dependent for a period of time after the traumatic event. Once the child feels safe and routines return to a more normal pattern, it will be easier for him/her to begin moving back toward a normal level of functioning.

EARLY CHILDHOOD-SIX TO ELEVEN YEARS

The school-age child has the mental ability to understand the permanence of loss from a disaster or other trauma. Some children will become intensely preoccupied with the details of the event and want to talk about it continually. This preoccupation can also interfere with a child’s concentration at school, and academic performance may decline. School-age children are able to understand more complicated issues and can experience a wide range of reactions, including guilt, feelings of failure, feelings of anger that the event was not prevented, or fantasies of playing the rescuer. Other common responses in this age group include whining, regressive behavior, clinging, aggressive behavior at home or school, overt

competition among siblings for attention, night terrors, fear of darkness, nightmares, school avoidance, withdrawal from peers, irritability, fear of loud noises, and hyperactivity. They may also suffer from assorted physical symptoms including headaches, nausea, vomiting, generalized aches and pains, rashes, or complaints of visual or hearing problems.

Suggestions for helping children in this age group:

- Be tolerant of behavioral changes.
- Organize play sessions with adults and peers where they can act out their fears. Play can set the stage for the child to go directly to the core of the problem. Children are able to express in play what they are too frightened or pained to express in words. Play has been considered a mirror of a child's psychological development and an essential part of human growth. Play represents progress from panic regarding the event to a dramatization that includes healing and restoration.
- Listen to what children have to say and how it is said. Help the children clarify their feelings. Listen to what they say about what they feel and what they think has happened. If parents or other significant adults deny anger and fear, this can be especially frightening. Children feel fear and see cues of fear in adults who pretend not to feel it. Children tend to imagine something is so scary and horrible that adults can't even face it. They may develop a specific fear of that situation or become generally fearful.
- Provide an opportunity for structured, but not demanding, chores at the shelter or home to reinforce a return to normal routines and life patterns.
- Involve them in preparedness activities to give them a sense of control of their environment and life.
- Help them understand that earthquakes, hurricanes, and other disasters are a normal part of nature. Help them to understand what causes environmental disasters. This knowledge will help children overcome their fears of unknown factors and misleading beliefs.
- Help children understand there are many things in life we cannot control, such as wind, rain, accidents, and illness, but we can take actions to reduce or prevent their bad effects. And we can often control how we deal with these types of events when they occur. How we respond to the event makes the difference.

PREADOLESCENCE TO ADOLESCENCE

As children grow older, their responses begin to resemble adult reactions to trauma. They may have some of the more childlike reactions mentioned previously and in combination with others that seem more consistent with adult reactions. Survival of the trauma can be equated with a sense of immortality. A teenager may become involved in dangerous risk taking behaviors such as reckless driving, drug or alcohol abuse, or sexual experimentation. At the other extreme, a teenager may become fearful of even leaving home. Much of adolescence is focused on moving out into the world. After a trauma, the world can seem dangerous. A teenager may feel unable to discuss his/her fears with family members. Other common reactions include disrupted menstruation in females, apathy, decline in emancipatory struggles over parental control, and loss of interest in peer activities.

Suggestions for helping children in this age group:

- Peer reactions are especially significant in this age group. The child needs to feel that his or her fears are both appropriate and shared by others. Responses should be aimed at lessening tensions and anxieties and possible guilt feelings.
- Encourage a return to group activities geared toward the resumption of routines, such as football practice, dance lessons, and school clubs.

- Involve the student in activities with the same age group.
- Encourage group discussions aimed at reliving the disaster and rehearsing appropriate behavior for future disasters.
- Have structured but undemanding responsibilities either in the shelter or home.
- Encourage participation in community reclamation or rehabilitation work.

Teenagers make excellent workers in shelters, canteen trucks, or other disaster areas, and they feel they are adding something important to the effort. This in turn improves their feelings of self-worth and helps in the overall effort.

Be aware that each child may react differently, even within the same family. Each child may need a different type of help to cope with his or her feelings about, and reactions to the disaster.

CHILDREN'S RESPONSES TO TRAUMA

Preschool through Second Grade

Symptomatic Response

1. Helplessness and passivity
2. Generalized fear
3. Cognitive confusion (e.g., do not understand that the danger is over)
4. Difficulty identifying what is bothering them
5. Lack of verbalization-selective mutism, repetitive nonverbal traumatic play, unvoiced questions
6. Attributing magical qualities to traumatic reminders
7. Sleep disturbances (night terrors and nightmares; fear of going to sleep: fear of being alone, especially at night)
8. Anxious attachment (clinging, not wanting to be away from parent, worrying about when parent is coming back, etc.)
9. Regressive symptoms, (thumb sucking, enuresis, regressive speech)
10. Anxieties related to incomplete understanding about death; fantasies of "fixing up" the dead: expectations that a dead person will return, e.g., an assailant

First Aid

1. Provide support, rest, comfort, food, opportunity to play or draw
opportunity to play or draw
2. Re-establish adult protective shield
3. Give repeated concrete clarifications for anticipated confusions
4. Provide emotional labels for common reactions
5. Help to verbalize general feelings and complaints (so they will not feel alone with their feelings)
6. Separate what happened from physical reminders (e.g., a house, monkeybars, parking lot)
7. Encourage them to let their parents and teachers know
8. Provide consistent caretaking (e.g., assurance of being picked up from school, knowledge of caretaker's whereabouts)
9. Tolerate regressive symptoms in a time-limited manner
10. Give explanations about the physical reality of death

CHILDREN'S RESPONSES TO TRAUMA

Third through Fifth Grade

Symptomatic Response

1. Preoccupation with their own actions during the event; issues of responsibility and guilt.
2. Specific fears, triggered by traumatic reminders or by being alone.
3. Retelling and replaying of the event (traumatic play): cognitive distortions and obsessive detailing.
4. Fear of being overwhelmed by their feelings (of crying, of being angry).
5. Impaired concentration and learning.
6. Sleep disturbances (bad dreams, fear of sleeping alone).
7. Concerns about their own and others' safety, e.g., worry about siblings.
8. Altered and inconsistent behavior, (e.g., usually aggressive or reckless behavior, inhibitions).
9. Somatic complaints.
10. Close monitoring of parent's responses and recovery; hesitation to disturb parent with own anxieties.
11. Concern for other victims and their families.
12. Feeling disturbed, confused and frightened by their grief responses; fear of ghosts.

First Aid

1. Help to express their secretive imaginings about the event.
2. Help to identify and articulate traumatic reminders and anxieties; encourage them not to generalize.
3. Permit them to talk and act it out; address distortions, and acknowledge normality of feelings and reactions.
4. Encourage to express fear, anger, sadness, etc. in your supportive presence in order to prevent feeling overwhelmed.
5. Encourage to let their parents and teachers know when thoughts and feelings interfere with learning.
6. Support them in reporting dreams; provide information about why we have bad dreams.
7. Help to share worries; reassure with realistic information.
8. Help to cope with the challenge to their own impulse control (e.g., acknowledge, "It must be hard to feel so angry").
9. Help to identify the physical sensations they felt during the event.
10. Offer to meet with children and parent(s), to help children let parents know how they are feeling.
11. Encourage constructive activities on behalf of the injured or deceased.

12. Help to retain positive memories as they work through the more intrusive trauma.

CHILDREN'S RESPONSES TO TRAUMA

Adolescents (Sixth Grade and Up)

Symptomatic Response

1. Detachment, shame and guilt (similar to an adult response).
2. Self-conscious about their fears, sense of vulnerability, and other emotional responses; fear of being labeled abnormal.
3. Post-traumatic acting out, e.g., drug use, delinquent behavior, sexual acting out.
4. Life threatening re-enactment; self-destructive or accident prone behavior.
5. Abrupt shifts in interpersonal relationships.
6. Desires and plans to take revenge.
7. Radical changes in life attitudes, which influence identity formation.
8. Premature entrance into adulthood (e.g., leaving school or getting married), or reluctance to leave home.

First Aid

1. Encourage discussion of the event, feelings about it, and realistic expectations of what could have been done.
2. Help them understand the adult nature of these feelings; encourage peer understanding and support.
3. Help to understand the acting out behavior as an effort to numb their responses to, or to voice their anger over the event.
4. Address the impulse toward reckless behavior in the acute aftermath; link it to the challenge to impulse control associated with violence.
5. Discuss the expectable strain on relationships with family and peers.
6. Elicit their actual plans of revenge; address the realistic consequences of these actions; encourage constructive alternatives that less the traumatic sense of helplessness.
7. Link attitude changes to event's impact.
8. Encourage postponing radical decisions, in order to allow time to work through their responses to the event and to grieve.

HOW TO HELP THOSE YOU CARE ABOUT

1. Understand that emotional consequences follow a traumatic experience.
2. Don't expect that the person you care about will "get better" in a certain amount of time or in a certain way. Sometimes recovery is a long and difficult process. If the person requires more time that you expected, you may feel frustrated or even angry.
3. Tell the survivor how you feel: that you are sorry they have been hurt.
4. Encourage the survivor to talk to you about how they feel. When they do, listen without interrupting or making judgements about what you hear. All survivor's feelings are ok even if you might not feel the same way.
5. Remind the survivor that their confusion emotions are **normal**.
6. **Do not** attempt to impose your explanation on why this has happened to the survivor. It probably won't be the explanation the survivor believes and imposing your view might hurt your relationship with them.
7. **Do not** tell the survivor, "I know how you feel" or "Everything will be all right." Often, these statements are really efforts to relieve your own anxiety about how you feel about what has happened to the survivor. Survivors say that when they hear these statements they think that people do not care about or understand them.
8. Go to any court hearings, community meetings or other appointments that relate to the trauma. This is an important way to provide support to the survivor.
9. Be willing to say nothing. Just being there is often all that you can do to help.
10. Don't be afraid to encourage a survivor to ask for help in the form of post-trauma counseling. You might even go to the first appointment to show your support and concern.

COPING WITH BEREAVEMENT

The loss of someone close, especially as a casualty during deployment or war is one of life's most stressful events. It can leave you so numb that you have difficulty recognizing the reality of death or coping with its impact on your life.

Even so, you're forced to deal with ideas that cause a great deal of pain. We know, for example, that a refusal to acknowledge "the facts of death" is a disservice to the dying and the living alike, but doing so forces the acknowledgment of how real this situation is, and it hurts.

This fact sheet was not created to make the pain go away--unfortunately, nothing can do that for you--but to help you understand the intense emotions you're experiencing or are going to soon feel.

BACKGROUND

Bereavement literally means "being deprived by death." It describes a process all people go through when someone close dies. Each person experiences this process differently, but there are some characteristics common to most instances of bereavement:

— **It doesn't progress in an orderly fashion.**

You probably won't find yourself moving systematically from one well-defined stage to another. Instead, you'll probably drift back and forth from what might best be described as overlapping, fluid phases of anger, denial and acceptance.

— **It involves emotions and behavior that wouldn't be described as normal under other circumstances.**

While some people benefit from professional help to cope with their grief, you shouldn't automatically interpret emotions or acts as a sign that you're losing your sanity.

— **It's frequently complicated.**

The initial numbness makes the later physical and emotional upheaval all the more frightening, or seem a sign of weakness but it is not. Grieving is a healthy, necessary process, and refusing to grieve may postpone inevitable reactions that build up into later crises.

— **By design, bereavement is self-centered.**

You need all your energy to cope with your emotions. Resist the inclination to put your own needs aside in an effort to meet those of your family; a healthier idea would be to secure outside support and guidance from a mental health professional.

THE EXPERIENCE OF NORMAL GRIEF

Feelings- sadness, anger, guilt, anxiety, loneliness, helplessness, hopelessness, shock, yearning, relief, and numbness.

Physical Sensations- hollowness in stomach, tightness in the chest, tightness in the throat, oversensitivity to noise, a sense of depersonalization, feeling short of breath, weakness in the muscles, lack of energy, dry mouth, and fatigue.

Cognitions- disbelief, confusion, preoccupation, sense of presence, hallucinations, and dreams about the deceased.

Behavior- sleep disturbance, appetite disturbance, social withdrawal, absent-minded behavior, avoiding or seeking out reminders of the deceased, sighing, restlessness, crying, and visiting places or carrying objects that remind the survivor of the deceased.

PHASES

1. Numbness
2. Yearning
3. Disorganization and Despair
4. Reorganized Behavior

WHAT HELPS?

Effective coping with bereavement really depends on your ability to mourn properly. When a loved one dies, there are many things which will help you cope better with the pain. Some examples include:

— People who care.

Family, friends, neighbors, colleagues, and strangers in a mutual support group who have “been there” can all offer support. A lifetime habit of close, caring relationships is the best possible preparation for bereavement.

— Understand the “facts of death.”

This is a particularly important in time of war. Knowing what to expect and knowing your options helps. Express your feelings--talk, be angry, weep. You are not alone; all grieving people need such outlets.

— Reach out for help.

Others cannot always make the first move. They may be afraid of intruding on your privacy. Make you needs known. Seeking out a mutual support group in your community is a great first step.

— Keep in touch with your physician.

Following your physician’s advice can help you deal with physical side effects.

— **Accept the inevitable.**

Some things in life, and certainly in war, have no basis in logic; they just happen. Accepting this can prevent much bitterness and self-blame.

— **Don't rush into major life changes.**

Moving, changing jobs, or remarrying are too important to rush. This is no time to make major decisions. Your judgement may be poor and the changes are only likely to add to your stress. Wait a year. Make big decision then. Introduce new relationships gradually and carefully--let them grow.

If you find yourself in need of more assistance than friends and family can provide, contact your clergyperson or your physician. Your local Mental Health Association can also help you find the support you need.

HOW TO HELP THOSE YOU CARE ABOUT

1. Understand that emotional consequences follow a traumatic experience.
2. Don't expect that the person you care about will "get better" in a certain amount of time or in a certain way. Sometimes recovery is a long and difficult process. If the person requires more time than you expected, you may feel frustrated or even angry.
3. Tell the survivor how you feel: that you are sorry they have been hurt.
4. Encourage the survivor to talk to you about how they feel. When they do, listen without interrupting or making judgements about what you hear. All survivor's feelings are ok even if you might not feel the same way.
5. Remind the survivor that their confusing emotions are **normal**.
6. **Do not** attempt to impose your explanation on why this has happened to the survivor. It probably won't be the explanation the survivor believes and imposing your view might hurt your relationship with them.
7. **Do not** tell the survivor, "I know how you feel" or "Everything will be all right." Often, these statements are really efforts to relieve your own anxiety about how you feel about what has happened to the survivor. Survivors say that when they hear these statements they think that people do not care about or understand them.
8. Go to any court hearings, community meetings or other appointments that relate to the trauma. This is an important way to provide support to the survivor.
9. Be willing to say nothing. Just being there is often all that you can do to help.
10. Don't be afraid to encourage a survivor to ask for help in the form of post-trauma counseling. You might even go to the first appointment to show your support and concern.